

INSTRUCTIONS

Every **FATAL, PERMANENT TOTAL AND PERMANENT PARTIAL** case on which compensation is being paid by your company, must be entered on this form and carried forward on subsequent reports until paid out. New cases will be entered as they are determined and carried forward on the next report. (Be sure to disregard all Total Temporary cases.)
File report by the 10th of the month.

HEADING: PRINT NAME OF INSURER OR SELF-INSURED EMPLOYER, YEAR AND SELECT CALENDAR ENDING QUARTER.

COLUMN 1. DATE OF INJURY

COLUMN 2. NAME OF INJURED EMPLOYEE

COLUMN 3. CLASS OF DISABILITY

Enter in this column the kind of case; i.e., FATAL, PERMANENT TOTAL, OR PERMANENT PARTIAL. (Use Abbreviations)

COLUMN 4. TOTAL AWARDS

Include total compensation and other expenses as shown on the approved Summary of Payments and/or Reserves established for Permanent Totals.

COLUMN 5. COMPENSATION PAID

Enter the amount paid on each case since the last report was filed.

COLUMN 6. TOTAL COMPENSATION PAID

Enter the total amount paid on the award, including amount shown in column 5.

COLUMN 7. ADJUSTMENT

Make all adjustments for changes of conditions, remarriage, deaths, errors, etc. in this column. If adjustments are made, then column 4 must equal column 6 plus or minus column 7 plus column 8.

COLUMN 8. UNPAID BALANCE

This will show the balance due on each case.

THIS FORM MUST BE COMPLETED AND EXECUTED DIRECTLY BY THE SURETY OR SELF-INSURED EMPLOYER

MAIL TO: IDAHO INDUSTRIAL COMMISSION

FISCAL SECTION

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